

8th May 2020

Internal analysis from department Crisis Management 4 reveals:

- **Serious failures in crisis management**
- **Deficits in the regulatory framework for pandemics**
- **Corona crisis is most likely a false alarm**

Ladies and gentlemen,

I hereby transmit to you the results of the analysis of the Corona crisis management of the KM 4: see below a summary + list of collateral health damage, long version and equipment book in appendixes 1 and 2 -

Accompanying the crisis and in anticipation of an evaluation to be undertaken after the crisis, KM 4 has, over the last few weeks, carried out an intensive analysis and evaluation of crisis management from the perspective of the protection of critical infrastructures. In the process **serious deficits in the regulatory framework for pandemics** have been diagnosed, as well as **failures in the technical making of crisis management**. The observable effects and impacts of COVID-19 furthermore do not provide sufficient evidence that it is - in relation to the health effects of Covid-19 on society as a whole - **more than a false alarm**.

You will receive this information in advance with the request to take note and pass it on.

With kind regards
In representation

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KM4 Analysis of crisis management (short version)

Preliminary remark: The task and objective of crisis teams and any crisis management is to identify and to **recognise particular dangers** and fight them until the **normal state** is reached again. A normal situation cannot therefore be a crisis.

Summary of the analysis results

1. Crisis management has not established (unfortunately against better institutional knowledge) adequate tools for risk analysis and assessment in the past. The situation reports in which all decision-relevant information would have to be summarised, cover only a small part of the threatening danger in the current crisis. On the basis of incomplete and unsuitable information in the overview provided it is fundamentally, impossible to assess the dangers. Without a correctly collected risk assessment, there can be no adequate and effective planning of measures. The methodological deficits affect a higher level with every transformation; at this point politicians have had a greatly reduced chance of making the right decisions.

2. The observable implications and impacts of COVID-19 do not allow for sufficient evidence that it is - in relation to the health effects on the society as a whole - no more than a false alarm. There was probably at no time a risk to the population by the new virus (comparative figure is the usual mortality rate in Germany). Essentially, the people who die this year, die because they are at the end of their lives and their weakened bodies are not able to cope with any random everyday stress (including the 150 or so viruses currently in circulation). The dangerousness of Covid-19 was overestimated (within a quarter of a year worldwide no more than 250,000 deaths took place with Covid-19, compared to 1.5 million deaths during the influenza wave 2017/18). The danger is obviously no greater than that of many other viruses. It is most likely a global false alarm that has remained undetected for a long time.

- This analysis result has been checked for scientific plausibility by KM 4 and does not essentially contradict the data and risk assessments submitted by the RKI.

3. The main reason that the false alarm remained undiscovered over many weeks is that the existing framework for action by the Crisis Unit and the Crisis Management in a pandemic does not include appropriate detection tools that automatically trigger an alarm and initiate the immediate cancellation of measures as soon as either a pandemic warning turned out to be a false alarm or it is foreseeable that the collateral damage - and in particular the aspects that destroy human lives - threaten to become larger than the health and especially the lethal potential of the disease under consideration.

4. The collateral damage is now higher than the discernible benefit. There is no comparison of material damage with personal injury (human life)! A comparison of past deaths from the virus with deaths caused by the protective measures ordered by the state (both without a secure database) prove the findings. An overview summary of the findings, checked for plausibility by scientists for collateral damage (including deaths) is attached below.

5. Meanwhile the (completely purposeless) collateral damage of the corona crisis is gigantic. A large part of this damage will not even manifest itself until the near and distant future. This can no longer be prevented, only limited.

6. Critical infrastructures are the lifelines of modern societies that are essential for survival. As a result of the protection measures, the current security of supply is no longer guaranteed as usual for critical infrastructures (up until now, there has been a gradual reduction of the security of supply, which could negatively affect future straining situations). The resilience of the highly complex and strongly interdependent overall system of critical infrastructures has decreased. Our society is now living with an increased vulnerability and higher risk of failure of vital infrastructures. This can have fatal consequences if a really dangerous pandemic or other threat were to occur in the now reduced resilience level of CRITIS [Critical Information Infrastructures Security] UN Secretary-General António Guterres addressed a fundamental risk four weeks ago. Guterres said (according to a daily report of 10.4.2020): "The weaknesses and deficiencies in Preparations revealed by this pandemic provide insights into what a bioterrorist attack might look like - and [these weaknesses] may increase the risk for it." According to our analyses, a serious flaw in Germany is the lack of adequate risk analysis and assessment system in crisis situations (see above).

7. The protective measures ordered by the state, as well as the diverse social activities and initiatives which, despite originating as protective measures, now cause the collateral damage and which have now lost all meaning, are for the most part still in force. It is strongly recommended that they be completely revoked in order to avoid harm to the population - in particular unnecessary additional deaths - and to reduce the potentially precarious situation of critical infrastructure.

8. The deficits and failures in crisis management have consequently led to relaying of information that is not sound, and thus to disinformation to the population. (An accusation could be: the state has proved to be one of the biggest fake news producers in the Corona crisis).

From these findings it follows:

a) The proportionality of interfering with the rights of citizens is currently not given, because the state has not adequately weighed up the consequences. The Federal Constitutional Court calls for an appropriate weighing up of measures with negative consequences (PSPF judgment of 5 May 2020).

b) The situation reports of the BMI-BMG crisis unit and the situation reports of the Federal Government to the countries must therefore, with immediate effect

- o carry out an appropriate risk analysis and assessment.
- o include an additional department with meaningful data on collateral damage (see e.g. explanations in the long version)
- o be freed from data and information that is unnecessary for risk assessment, because these make it difficult to keep track.
- o Indicators would have to be formed and preceded.

c) An appropriate risk analysis and assessment should be carried out without delay.

Otherwise, the state could be liable for any damage caused.

Explanations for a better understanding of the interactions in a pandemic

A severe pandemic is very rare and therefore a major challenge. The competent authorities have to cope with a crisis situation for which there is no experience.

The KM department of the BMI and the BBK (together with other authorities such as the RKI, partly led by the cooperation partner) regularly develops Emergency Preparedness Plans, pandemic plans and other organisational and legal framework conditions including for combating pandemics.

In the past, studies on the scenario of a pandemic have been carried out occasionally, but large exercises were carried out less frequently, even more rarely more detailed risk analyses were carried out. In the current crisis however, this work could not offer much more than a rough framework. After all, a smoothly running crisis management requires above all a lot of experience with similar crises and exercise situations and the constant improvement of framework conditions. In the cases of the fire brigade and rescue services, this has been continuously optimised over the years. In the event of a pandemic, no routine can be built on, which means that most will be ill-prepared and overburdened, and the crisis management will make errors.

The starting point of a crisis intervention is always the existence of a risk situation.

Identification of a special risk situation (pandemic)

The identification of a special risk situation does not necessarily require that damage has already occurred. In the event of a suspected pandemic an assessment of possible damage which would probably occur in the absence of safeguard measures has to be made. This assessment has to be continuously updated during the course of a pandemic because it is initially based only a plausible assumption.

If this plausibility is no longer present, or if an alternative assessment appears more plausible, or if the extent of the damage does not reach an exceptional level within a reasonable time, there is no longer a special risk situation.

Protective measures as a separate source of risk in a multi-dangerous situation

Protective measures cannot be used arbitrarily as a preventive measure, because they too have the potential to cause extraordinary damage. In a pandemic there are always at least two hazards that crisis management must keep in mind: health damage caused **by a pathogen**, collateral damage due to **side effects of the protective measures** or (as a special case) a **false alarm**.

On account of this dualism, the probability of extraordinary damages and the estimated amount of the resulting damage for all existing dangers during a pandemic have to be tracked simultaneously and continuously. The evaluation of data on the incidences of infection and the number of deaths is far from sufficient. Suitable for this purpose is a systematic multi-hazard analysis (criteria for a multi-hazard analysis are contained in the long version).

Importance of collateral damage

A central finding from all studies, exercises and risk analyses conducted to date is that in the course of combating a pandemic, collateral damage always occurs (as the result of protective measures taken), and that this collateral damage of a pandemic can be significantly greater than the damage from the pathogen.

Accepted collateral damage occurs, it has the best effort-benefit ratio if it is not greater than that required to achieve the protection objective.

It has the worst possible effort-benefit ratio if the original warning of an unknown virus ends up being exaggerated or, in extreme cases, is even a false alarm, because then the total damage of the pandemic will consist exclusively of the purposeless collateral damage.

Perspective

It makes little sense, and one cannot get any closer to a solution, if one only tries to retrace in detail the exact stages of the failure of crisis management. Remedial action is only possible if there is an active examination of those systemic effects which, in their overall dynamics of the corona crisis can lead to existential damage to the community and also to the state order.

Crisis management as well as the entire state are in a precarious situation. On closer inspection, there can no longer be any reasonable doubt about this,

- that the corona warning was a false alarm,
- that crisis management was suboptimal in carrying out the work of avoiding danger and that errors that have caused great damage (including fatalities) continue to do so every day that the measures are not removed without delay.

As the crisis unit and the entire crisis management, including politicians, have largely acted according to legal, organisational and other framework requirements, there seems little reason for them to make changes at this stage. The findings in this analysis will not be sufficient, even if the results are factually correct, and a reorientation appears urgently necessary in the interest of the country and its population.

A coordination of the present analysis with all affected areas of the ministerial administration would, due to the heterogeneous interests and responsibilities of many of those involved most probably lead to a levelling out of the analysis content. To avoid a total loss for our country may be possible, but at present this only seems possible with the help of a creative information strategy of those who would be able to identify and organise a workable way out.

In fact, a new crisis should now be identified and a crisis management system should be set up to combat the dangers of automated pandemic crisis management, which has got out of control. That would be appropriate. If the executive branch does not manage this on its own there would be fundamental possibilities for correction in a state system with separation of powers:

- a)** The legislative power (the parliaments of the Federal and state governments) could change the framework conditions and thus induce (force) the executive branch to conduct the crisis management in a different way than before. In recent weeks, the legislature has proven that it can take decisions at short notice.

b) The judiciary could intervene. The constitutional courts of the Federal Government and the State governments have considered legitimate the imposed extreme restrictions of elementary and constitutional rights in Germany by the heads of government on the basis of an alleged extraordinary threat from a dangerous virus. They have denied legality and legitimacy to any fundamental complaint, lawsuit or any resistance. So far they have done this without carrying out any in-depth plausibility checks. Such a plausibility check is, as I have shown, possible and would expose the error.

c) In principle, the large electronic mass media and the supra-regional media form a corrective tooth leading media. The fact that this does not actually happen provokes two considerations: The framework conditions for media are suboptimal, and they obviously make it difficult to maintain the diversity of opinion originally intended in our country. The relative uniformity that has arisen is not based on oppositional opinions and directions (which theoretically could indirectly have a slightly destabilising effect on the system) but on established political directions, especially on the intentions of governments (existing governments are therefore indirectly stabilised and shielded from opposition, even in the case that a government action, due to a factual error, acts against the existential interests of the country). The leading media seem to see themselves predominantly as the transmitters of what are considered to be common basic positions of the dominant political direction towards the population.

Overview of the health effects (damage) of the government's measures and restrictions imposed in the Corona crisis 2020

(Status: 7 May 2020)

Methodological preliminary remarks

Listed are risks that have been considered fundamentally plausible by 10 high-ranking experts/scientists in their respective disciplines. The selection of experts was random, the result cannot therefore be representative.

Important for the future systematic recording of health-related collateral damage in a pandemic, is to consult specialists in the scientific disciplines involved here. Otherwise, a realistic overall stocktaking is not possible.

1. Deaths

a. Due to restrictions on clinic availability (and treatment options), postponed or **cancelled operations**:

In 2018 we had a total of about 17 million inpatients undergoing surgeries. That's an average of 1.4 million patients per month. In March and in April, 90% of all necessary surgeries were postponed or not carried out. This means that 2.5 million people were not provided for as a result of government measures. That means that 2.5 million patients were not operated on in March and April 2020, although this would have been necessary. The estimated mortality rate cannot be reliably estimated. Experts assume figures between 5,000 and 125,000 patients who have already died or will die due to postponed surgeries.

b. Due to restrictions on clinic availability (and treatment options), postponed or canceled follow-up treatments of patients (e.g. those suffering from cancer, stroke or heart attack).

The negative effects of interrupted care structures for tumour patients, be it cancer follow-up care or interrupted cancer screening programmes, such as for breast

cancer, are obvious because these measures have proven their usefulness in long studies and have been established on this basis.

Here, too, annual treatment figures in the millions can be assumed. In some cases, the restrictions on availability of the clinics also lead to premature death of patients. A prognosis of this effect is difficult. Experts who have commented on this have estimated that up to several thousand additional deaths will occur in March and April 2020 or will continue to occur.

c. The level and quality of care for **people in need of long-term care** (3.5 million people in Germany) is falling due to restrictions imposed by the state (in nursing homes, outpatient care services and private/intra-family care). Since it has been proven that the good level of care in Germany saves many people from premature death (which is the reason why so much money is spent on this), the forced reduction of the level and quality of care provision will result in premature deaths. With 3.5 million people in need of care, an additional death rate of a tenth of a percent will mean an additional 3,500 deaths. Whether it's more or less is not known for lack of more precise estimates.

d. Increases in **suicides** (so far an average of 9,000 per year); reasons for the increase in suicides: long-term, significant impairment of all living conditions that can become critical for mentally unstable personalities; also numerous suicides as a reaction to the economic destruction of livelihoods are to be expected; various professional groups, who do not feel they can carry the burden brought on by the social and personal changes as well as their personal (co-)responsibility.

e. Additional deaths from **heart attack** and **stroke**

Over the past years and decades, integrated concepts have been developed which have successfully influenced morbidity and mortality, and are based on treatment that is carried out as early as possible (in the course of the disease), and as competent as possible. These inter-sectoral/-disciplinary chains are damaged in many ways (outpatient care, withdrawal of resources) and also suffer most from the fact that due to unilateral and exaggerated information policy those people affected were unjustifiably informed to fear the Coronavirus more than these diseases; they therefore suppress warning signs and also fear to not be treated well in the hospitals in the current fixation on the Coronavirus. As a consequence, many

people are currently either not seeking help or seeking help too late, which increases morbidity, deteriorating rehabilitation and increased mortality.

2. other damage to health (associated with the suffering of those affected and high cost effects for the social security systems, the health care system and labour market)

(a) the old/ in need of care people are particularly affected by the measures are because of the reduced contacts, and often suffer greatly because of them. In some cases, the measures taken (border closures, quarantine regulations, contact prohibitions, etc.) negatively impair the already critical outpatient/inpatient care situation (thus also the optimal supply of care in relation to the Coronavirus).

b) more severe psychoses, neuroses (anxieties, obsessive compulsive disorders) and other mental disorders due to long-term significant impairment of all living conditions which will trigger states of illness in mentally unstable personalities. Long-standing medical treatments and rehabilitation services will be necessary to compensate for these impairments, and health-related absences from work occur. 1-2% of the total German population experience a psychosis at least once in their lifetime. If there is a predisposition or vulnerability, there is an increased probability that this will manifest due to the conditions of the corona crisis.

c) Increased disputes and bodily injuries as a result of severe contact restrictions and contact bans; domestic violence, child abuse

d) widespread communication disorders (due to psychological effects, see above, and also, for example the compulsion to wear face masks, which strongly limit gestures and facial expressions as normal means of communication (leads to misunderstandings, distrust)

e) (depending on the economic development:) **loss of life expectancy.** This is likely to become a major damage of the crisis in the long run. Since the 1950s, Germany has, as a result of positive economic development, realised a strong increase in life expectancy (a 13 to 14 years longer life expectancy). The permanently rising level of prosperity made it possible to, amongst others, establish increasingly costly health care and nursing. In the case of strongly negative

economic development and a corresponding reduction in the level of prosperity the development goes in the opposite direction: life expectancy will decrease. (The RKI has proven that high unemployment reduces life expectancy). Its likely that a correspondingly high volume of life years of the population was destroyed in over 80 million inhabitants through the governmental protective measures (not by the virus).

Common to most of the effects mentioned so far is that even after the restrictions are lifted it will take a very long time before these measures and treatments are back to previous levels, since all interlocking links must be functional again, the resources have to be (re-)allocated again and the confidence of patients has to be restored. Moreover, there can be partly contradictory, at first sight paradoxical reactions. The damage phase is therefore likely to last much longer than the actual interruption. With life expectancy set to shorten in the future, this particular damage begins to take effect in the future.

Since theoretically, at least partially, contrary effects must also be expected - i.e. reactions that appear paradoxical at first glance - more precise numerical estimates of expected damage have not been made. The figures quoted are intended to indicate the dimensions of the damage.

Concluding remarks

There are two main reasons why this information is sent directly without prior consultation with other responsible departments:

1. there is imminent present danger! At the moment, supposed protective measures cause further serious damage every day: material and health damage, including a large number of avoidable deaths. These deaths are caused by the actions of the crisis management and are the responsibility of the latter as soon as knowledge of the facts covered in the analysis transmitted herewith is available - also of the sender of this information, who is part of the crisis management. Remedial action is only possible if the existing knowledge is passed on and acknowledged. All possibilities of upstream intervention have been exhausted by the sender.

2. in view of the factual findings of the present analysis and the contradictory decisions of the politicians, it is possible that injured parties will fear that the decisive protection objective of national crisis management is no longer the safety and health of the population, but the credibility and acceptance of government parties and government members. From such perceptions, which are not irrational per se, can cause an unfavourable dynamic within a cohesive community. Rational follow-up decisions based on complete analyses through crisis management and politics can limit these negative effects.

Full original report in German:

<https://archive.org/details/corona-studie-aus-innenministerium>